Student Name | Date

☐ Inpatient ☐ Observation

Age Gender

Bedside Shift Report / Hand-off Communication Sheet

Height Weight

S

Chief Complaints

Diagnosis

Allergies

Consult

B

Medical-Surgical Hx

Infection Control

MRSA	Y	N
RVP	Y	N
C-Diff	Y	N

Baseline Vis

V/S Frequency
BP
HR RR
T 02 Sat

Precautions

Fall	Contact	Elopement
Seizure	Droplet	Baker Act
PUP	Airborne	

Med Recon:
Y
N

Code Status
Full
DNR

A

Neuro WNP

Vaccines
Flu Vac Rec'd: Date: ____________ Declined ☐
Pneumo Vac Rec'd: Date: ____________ Declined ☐

Cardio WNP Troponins/Time
Rhythm:__________ #1__________/_________
DW: Y N #2__________/_________
Non-tele #3__________/_________

Core Measures
☐ AMI ☐ Pneumonia
☐ Stroke ☐ CHF
☐ SCIP/LOA
Anesthesia End time ________
Need Follow up:

Pulm WNP

O_2 Sat:

GI/GU WNP
Foley IN: Out:

Activity
☐ Ambulatory ☐ PT
☐ Bed Rest ☐ OT

MUSCULOSKELETAL WNP

Skin/Wound/Dressing WNP

Nutrition
☐ NPO Diet_________________________
Consult: Y N Swallow Eval Passed: Y N

IV Site _________________
SL/CVC/Port/Dialysis Cath
Date ______________________
IVF:

DVT Prophylaxis
☐ Lovenox ☐ SCD ☐ Pradaxa
☐ Coumadin ☐ Arixtra ☐ Other ___________
☐ Heparin ☐ Xarelto ☐ Contraindicated

POCT ☐ AC&HS ☐ Q6H
S&S ☐ Low ☐ Med ☐ High
Insulin:

Infection
☐ CVC ☐ BC ☐ Sputum Cx
☐ Foley ☐ Urine Cx
Antibiotic/s___________________________

R

Pain
#________
Pain Meds:
- **Re Assess IV&IM 30 min PO – 60 min**

Discharge
☐ Home ☐ HHC ☐ ALF
☐ NH ☐ Tx to Hospital ☐ Rehab

Procedures

Abnormal and Pertinent Diagnostic Exams and Labs

Nursing Diagnoses

Nursing Note

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